### FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPR          | OVÁL      |
|-------------------|-----------|
| OMB Number:       | 3235-0076 |
| Expires:          |           |
| Estimated averag  | e burden  |
| hours per respons | se 16.00  |

| SEC    | USE ONLY |
|--------|----------|
| Prefix | Serial   |
|        |          |
| DAT    | RECEIVED |
|        | 1        |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  |   |
|---|---|
| Series A Preferred Stock  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  | ) [] ULOE.  |
| A. BASIC IDENTIFICATION DATA  | 05069332  |
| 1. Enter the information requested about the issuer   |   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  |   |
| Dolce Food Corporation  |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)  |
| 9157 Huebner Road, San Antonio, Texas 78240   | 210-269-3754  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)  |
| Brief Description of Business   |   |
| Marketing and distribution of ice cream.  | PROCESSED   |
| Type of Business Organization  Corporation  Ilimited partnership, already formed  other (p  | olease specify): DEC 0 2 2005/2   |
| Surisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State<br>CN for Canada; FN for other foreign jurisdiction)  | THOMSON nated FINANCIAL  IN   |
| GENERAL INSTRUCTIONS  |   |
| Federal:<br>Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o<br>17d(6).   | or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.  |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.   |   |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205  | 649.  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually shotocopies of the manually signed copy or bear typed or printed signatures.  | signed. Any copies not manually signed must be  |
| information Required: A new filing must contain all information requested. Amendments need only report hereto, the information requested in Part C, and any material changes from the information previously supplicate the filed with the SEC.   |   |
| Filing Fee: There is no federal filing fee.   |   |
| Nate: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sall ILOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Serie to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for ecompany this form. This notice shall be filed in the appropriate states in accordance with state law. This notice and must be completed. | ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall |
| ATTENTION   |   |
| Failure to file notice in the appropriate states will not result in a loss of the federal exe appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.  |   |

Persons who respond to the collection of information contained in this form are not SEC 1972 (6-02) required to respond unless the form displays a currently valid OMB control number. 1 of 9 (1) Police Food Corporation, a Massachusetts corporation, was incorporated in the state of Massachusetts on February 13, 2004. The Massachusetts corporation converted to a Texas corporation pursuant to a Plan of Conversion, and incorporated in the state of Texas on February 22, 2005 as Dolice Food Corporation, a Texas corporation.

|  |                       |                              | ENTIFICATION DATA            | <u> </u>           |  |
|--|-----------------------|------------------------------|------------------------------|--------------------|--|
| 2. Enter the information r                                     |                       |                              |                              |                    |  |
|  |                       | ssuer has been organized v   |                              |                    |  |
| <ul> <li>Each beneficial ov</li> </ul>                         | vner having the pov   | ver to vote or dispose, or d | irect the vote or dispositio | n of, 10% or more  | of a class of equity securities of the iss |
| <ul> <li>Each executive of</li> </ul>                          | ficer and director o  | of corporate issuers and of  | corporate general and in-    | anaging partners o | of partnership issuers; and                |
| <ul> <li>Each general and it</li> </ul>                        | nanaging partner o    | of partnership issuers.      |                              |                    |  |
| Check Box(cs) that Apply:                                      | <b>✓</b> Promoter     | Beneficial Owner             | Executive Officer            | / Director         | General and/or Managing Partner            |
| E II November 1  | F :                   |                              |                              |                    |  |
| Full Name (Last name first, i<br>Singer, Michael               | r individual) .       |                              |                              |                    |  |
| Business or Residence Addre<br>9157 Huebner Road, Sar          |                       |                              | ode)                         |                    |  |
| Check Box(es) that Apply:                                      | Promoter              | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner            |
| Full Name (Last name first, it Wagner, W.H.                    | (individu <b>al</b> ) |                              |                              |                    |  |
| Business or Residence Addres                                   | s (Number and         | Street, City, State, Zip Co  | de)                          |                    |  |
| 157 Huebner Road, San.   | Antonio, Texas        | 78240                        |                              |                    |  |
| Check Box(es) that Apply:                                      | Promoter              | Beneficial Owner             | Z Executive Officer          | Director           | General and/or Managing Partner            |
| Full Name (Last name first, if Strong, Daniel                  | individual)           |                              |                              |                    |  |
| Business or Residence Address                                  | s (Number and S       | Greet, City, State, Zip Coo  | <br>de)                      |                    |  |
| 1157 Huebner Road, San   |                       |                              |                              |                    |  |
| Check Box(es) that Apply:                                      | Promoter              | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner            |
| Full Name (Last name first, if                                 | individual)           |                              |                              |                    |  |
| inger, Margaret  | ŕ                     |                              |                              |                    |  |
| Business or Residence Address                                  | (Number and S         | treet, City, State, Zip Cod  | le)                          |                    |  |
| 9157 Huebner Road, San   | •                     |                              | •                            |                    |  |
| Check Box(es) that Apply:                                      | Promoter              | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner            |
| ull Name (Last name first, if i<br>Alamode Ice Cream LLP       | ndividual)            |                              |                              |                    |  |
| usiness or Residence Address                                   | (Number and St        | reet, City, State, Zip Code  | e)                           |                    |  |
| 01 Happy Trail, San Antor                                      |                       |                              | ,                            |                    |  |
| heck Box(es) that Apply:                                       |                       | Beneficial Owner             | Executive Officer            | Director           | General and/or Managing Partner            |
| ull Name (Last name first, if in<br>Bank of Hawaii Trustee for |                       | wick Individual Retiren      | nent Trust Account           | <del></del>        |  |
| usiness or Residence Address<br>30 Merchant Street, 4th Fi     | (Number and Str       | reet, City, State, Zip Code  |                              |                    |  |
| heck Box(es) that Apply:                                       | Promoter [            | Beneficial Owner [           | Executive Officer            | Director           | General and/or Managing Partner            |
| ill Name (Last name first, if in                               | dividua!)             |                              |                              |                    |  |
| isiness or Residence Address                                   | (Number and Str       | eet, City, State, Zip Code;  | )                            |                    |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

|                      |   |   |  | В.   | INFORM                                      | ATION ABO                                   | OUT OFFE                                   | RING                                 |   |                                |                |                |
|----------------------|---|---|--|--|---|---|--|--------------------------------------|---|--------------------------------|----------------|----------------|
| 1 1                  |   |   |  | · · · · · · · · · · · · · · · · · · ·        |   |   | d images as                                | in this of                           | `a-i=a?                                 |                                | Yes            | No             |
| 1. H                 | las the issuer  | sold, or doe                                      |  |  |   |   |  |                                      |   |                                |                | X              |
| 2. W                 | Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual? |   |  |  |   |   | \$ ne                                      | o minimum                            |   |                                |                |                |
|                      | . What is the minimum myesinest that will be accepted from any mervedan.  |   |  |  |   |   | Yes  | No                                   |   |                                |                |                |
|                      | oes the offer   |   |  |  |   |   |  |                                      |   |                                |                |                |
| co<br>If<br>or       | nter the infor<br>ommission or<br>a person to b<br>states, list th<br>broker or dea   | similar remu<br>e listed is an :<br>e name of the | neration fo<br>associated<br>e broker or | r solicitatio<br>person or a<br>dealer. If r | on of purch:<br>gent of a br<br>more than f | asers in cor<br>oker or dea<br>ive (5) pers | nection wi<br>ler register<br>ons to be li | th sales of sed with the sted are as | securities in<br>SEC and/               | n the offering<br>or with a st | ng.<br>ate     |                |
|                      | ame (Last na  | me first, if ir                                   | ndividual)                               |  |   |   |  |                                      | *************************************** |                                |                | <del></del>    |
| None.                | ss or Resider   | ice Address                                       | /Number a                                | nd Street                                    | City State                                  | Zin Code                                    |  | <del> </del>                         | <del></del>                             |                                |                |                |
|                      | os or restaer   | ree riddiess.                                     | (Namoer a                                | na otrect,                                   | erry, orace,                                | 2.p cour,                                   |  |                                      |   |                                |                |                |
| Name c               | of Associated   | Broker or D                                       | )ealer                                   |  |   |   |  |                                      |   |                                |                |                |
| States i             | n Which Per   | son Listed H                                      | las Solicite                             | d or Intend                                  | ds to Solici                                | t Purchasei                                 | ·S   |                                      |   |                                |                |                |
|                      | heck "All Sta   |   |  |  |   |   |  |                                      |   |                                | 🗀 А            | .ll States     |
| A                    | L AK  | ĀZ  | AR                                       | CA   | CO  | CT  | DE   | [DC]                                 | FL                                      | (GA)                           | HI             | ĪD             |
| II<br>M              | IN NE   | IA<br>NV<br>SD                                    | KS<br>NH<br>TN                           | KY<br>NJ<br>TX                               | LA<br>NM<br>UT                              | ME<br>NY<br>VT                              | MD<br>NC<br>VA                             | MA<br>ND<br>WA                       | MI<br>OH<br>WV                          | MN<br>OK<br>WI                 | MS<br>OR<br>WY | MO<br>PA<br>PR |
| Full Nai             | me (Last nan  | ne first, if inc                                  | dividual)                                | -  |   |   |  |                                      |   |                                |                |                |
| Busines              | s or Residen  | ce Address (                                      | (Number a                                | nd Street, (                                 | City, State,                                | Zip Code)                                   |  |                                      |   |                                | <del></del>    |                |
| Name of              | Associated  | Broker or De                                      | ealer                                    |  |   |   |  |                                      |   |                                |                |                |
|                      |   |   |  |  |   |   |  |                                      |   |                                |                |                |
|                      | Which Pers  |   |  |  |   |   |  |                                      |   |                                |                |                |
| (Ch                  | eck "All Stat   | es" or check                                      | individua                                | l States)                                    |   |   |  | ••••••                               | *************************************** |                                | . [] Al        | 1 States       |
| AL<br>IL<br>MT<br>RI | IN NE   | AZ<br>IA<br>NV<br>SD                              | KS<br>NH<br>TN                           | CA<br>KY<br>NJ<br>TX                         | CO<br>LA<br>NM<br>UT                        | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                       | MA<br>ND<br>WA                       | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI           | MS<br>OR<br>WY | MO<br>PA<br>PR |
| ull Nair             | ne (Last nam  | e first, if ind                                   | ividual)                                 |  |   |   |  |                                      |   |                                | <del>-</del>   | 7              |
| usiness              | or Residenc   | e Address (1                                      | Number an                                | d Street, C                                  | ity, State, 2                               | Zip Code)                                   |  |                                      |   |                                |                | <del></del>    |
| ame of               | Associated E  | Broker or Dea                                     | aler                                     |  |   |   |  |                                      |   | -                              |                |                |
|                      |   |   |  | · Palest Information                         | J   |   |  |                                      |   | -1                             | V 1W           |                |
|                      | Which Perso<br>ck "All State  |   |  |  |   |   |  |                                      |   |                                |                | States         |
| ·                    |   |   |  | ,  |   |   |  |                                      |   |                                |                |                |
| AL<br>IL<br>MT       | AK<br>IN<br>NE<br>SC  | IA<br>NV<br>SD                                    | AR<br>KS<br>NH<br>TN                     | CA<br>KY<br>NJ<br>TX                         | CO<br>LA<br>NM<br>UT                        | CT<br>ME<br>NY .                            | DE<br>MD<br>NC<br>VA                       | DC<br>MA<br>ND<br>WA                 | FL<br>MI<br>OH<br>WV                    | GA<br>MN<br>OK<br>WI           | MS<br>OR<br>WY | MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|    | already exchanged.   |   | Aggregate           | Amount Alread   |
|----|--|---|---------------------|---|
|    | Type of Security   | (   | Offering Price      |   |
|    | Debt   | \$_   |                     | \$  |
|    | Equity   | \$_   |                     |   |
|    | Commor   | Preferred   | . =00.0=            | 1,350,291.50  |
|    | Convertible Securities (including warrants)  | \$_   | 1,700,374.0         | <u> </u>  |
|    | Partnership Interests  | \$_   |                     | _ \$  |
|    | Other (Specify)  |   |                     |   |
|    | Total  | \$_   | 1,700,374.00        | \$ 1,350,291.50   |
|    | Answer also in Appendix, Column 3, if filing under   | ULOE.   |                     |   |
| 2. | Enter the number of accredited and non-accredited investors who has offering and the aggregate dollar amounts of their purchases. For offe the number of persons who have purchased securities and the aggregate purchases on the total lines. Enter "0" if answer is "none" or "zero."  | rings under Rule 504, indicate  |                     | Angregate   |
|    |  |   | Number<br>Investors | Aggregate Dollar Amount of Purchases                                |
|    | Accredited Investors   | <u>2</u>  | 0                   | \$_1,350,291.5  |
|    | Non-accredited Investors   |   |                     | \$  |
|    | Total (for filings under Rule 504 only)  |   |                     | \$  |
|    | Answer also in Appendix, Column 4, if filing und   | er ULOE.  |                     |   |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the informati sold by the issuer, to date, in offerings of the types indicated, in the tw first sale of securities in this offering. Classify securities by type list.  | elve (12) months prior to the   |                     |   |
|    | Type of Offering   | !   | Type of<br>Security | Dollar Amount<br>Sold   |
|    | · ·  |   |                     | \$  |
|    | Rule 505   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                     |   |
|    | Rule 505  Regulation A   |   |                     | \$  |
|    | Regulation A   |   |                     |   |
|    | Regulation A Rule 504  |   |                     | \$  |
|    | Regulation A   | ance and distribution of the tion expenses of the insurer, amount of an expenditure is        |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issue securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the  | ance and distribution of the tion expenses of the insurer, amount of an expenditure is imate. |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issus securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est  | ance and distribution of the tion expenses of the insurer, amount of an expenditure is imate. |                     | \$ 0.00   |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issus securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees  | ance and distribution of the tion expenses of the insurer, amount of an expenditure is mate.  |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issusecurities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees  Printing and Engraving Costs  | ance and distribution of the tion expenses of the insurer, amount of an expenditure is imate. |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issue securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees                                    | ance and distribution of the tion expenses of the insurer, amount of an expenditure is imate. |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issussecurities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees                    | ance and distribution of the tion expenses of the insurer, amount of an expenditure is imate. |                     | \$  |
|    | Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issue securities in this offering. Exclude amounts relating solely to organiza The information may be given as subject to future contingencies. If the not known, furnish an estimate and check the box to the left of the est Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees | ance and distribution of the tion expenses of the insurer, amount of an expenditure is mate.  |                     | \$ 0.00<br>\$ 0.00<br>\$ 0.00<br>\$ 53,000.00<br>\$ 0.00<br>\$ 0.00 |

| and total expenses furnished in response                                       | ggregate offering price given in response to Part C — Questi<br>e to Part C — Question 4.a. This difference is the "adjusted   | gross  | <u>\$1,647,374.</u> 00 |
|--|--|--|------------------------|
| each of the purposes shown. If the a check the box to the left of the estimate | sted gross proceed to the issuer used or proposed to be use amount for any purpose is not known, furnish an estimate e. The total of the payments listed must equal the adjusted ponse to Part C — Question 4.b above. | and .  |                        |
|  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to Others     |
| Salaries and fees  |  | 🗆 \$   | \$                     |
| Purchase of real estate  |  | ss   | <b>\$</b>              |
| Purchase, rental or leasing and instal   | lation of machinery  | [ \$   | . 🗆 \$                 |
| Construction or leasing of plant build   | dings and facilities   | 🗀 \$   |                        |
| offering that may be used in exchang   | uding the value of securities involved in this ge for the assets or securities of another  |  |                        |
|  |  |  |                        |
| Working capital  |  | s  | • \$ 1,572,374.00      |
| Other (specify):   |  |  | <u></u>                |
|  |  | \$   | . 🗆 \$                 |
| Column Totals  |  | —<br>□ \$75,000,00                                     | □\$ 1 572 374 OC       |
|  |  | ••   |                        |
| · · · · · · · · · · · · · · · · · · ·  | s added)   |  | 647,374.00             |
|  | DEDDONAL SIGNATURE STATE   |  |                        |
| signature constitutes an undertaking by the                                    | signed by the undersigned duly authorized person. If this is a issuer to furnish to the U.S. Securities and Exchange Co any non-accredited investor pursuant to paragraph (b)(2)                                       | mmission, upon writte                                  |                        |
| ssuer (Print or Type)  | Signature  | Date   |                        |
| Dolce Food Corporation   | hlys   | September 30   | 2005                   |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)  | ·  |                        |
| Michael Singer   | Chief Executive Officer  |  |                        |
|  |  |  |                        |
|  |  | •  |                        |
|  |  |  |                        |
|  |  |  |                        |
|  |  |  |                        |
|  |  |  |                        |
|  |  |  |                        |
|  |  |  |                        |
|  | ATTENTION  |  |                        |
| intentional misstatements o  | r omissions of fact constitute federal criminal viola  | itions. (See 18 U.S.                                   | C. 1001.)              |
|  |  |  |                        |
|  | 5 of 9   |  |                        |